

appear that the expenditures in the operation of the county health department are in any sense extravagant is not capable of proof in any manner whatever.

In comparison to cities of similar size throughout the United States we find the following per capita costs for preventive services:

Cincinnati	\$2.09
Montreal	1.81
Buffalo	1.74
Cleveland	1.67
Alameda County (including all cities)	1.54
Boston	1.53
St. Louis	1.50
San Francisco	1.46

When one places the per capita of 59 cents of Los Angeles City against these above per capitae, the explanation is obvious. Other organizations are carrying the cost of public health work in Los Angeles City as previously explained.

CONSOLIDATION

There are many fallacies in the general theory that consolidation necessarily means the saving of money. Los Angeles County is peculiarly situated. In the first place the size alone requires district management. In the second place we have a very large foreign population of probably not less than 250,000 Mexicans, who are a continual menace from plague, smallpox, tuberculosis, and other diseases. The prevailing idea throughout the United States in public health is that of district organization rather than bureaucracy. While undoubtedly some money may be saved by city and county consolidation in Los Angeles, the question is one to be approached with a consideration of the present tremendous waste of money in caring for end results such as the care of the tuberculous, where it is admitted by the superintendent of Olive View over 75 per cent of the cases are in the advanced stage on entrance. Similar studies should be made in relation to heart disease, cancer, and maternity and child hygiene. While we are spending millions in the care of the sick, as a matter of fact the health department receives but a mere pittance. The statement that Doctor Parrish makes is: "With practical management, the same standard as now maintained in the county and city could be continued and one-half million dollars saved to the taxpayers." Since such a statement means cutting the total combined budgets of the two departments 33½ per cent, the statement that the same standards could be maintained on one-third less budget is nothing short of absurd. The truth is, that Doctor Parrish has never studied the county health department organization and, to my knowledge, has never visited a health center nor is he familiar with the work that we are doing. What his plans would do through consolidation would be annihilation.

Those who understand the growth and development of the county health department know that during the past sixteen years we have brought together in a harmonious relationship not only the unincorporated area, but thirty-five of the incorporated cities with the results of a reduction in infant mortality of over 65 per cent, a reduction of diphtheria morbidity and mortality of over 50 per cent, and similar marked reductions in other communicable diseases, particularly typhoid and water-borne diseases which, after all, are some of the main purposes of the health department.*

* The county auditor, Mr. H. A. Payne, has just released the public financial transactions of the county government for the year ending June 30, 1930. The figures show that the expenditures for the county health department make up only 1 per cent of the grand total for the county. It certainly should serve to refute the statement of Doctor Parrish that the health department expenditures are extravagant when education and public schools expended 50 per cent of the total county expense, charities and corrections 10 per cent, bonds and interest 10 per cent, highways and bridges 8.8 per cent, general government 8 per cent, protection to persons and property 4.7 per cent, and miscellaneous expenditures, recreation, etc., 5.7 per cent of the total. In other words, the county health department has the smallest expenditures of any department in the county service, while ten times as much money is going for medical treatment in institutions than for prevention.

TWENTY-FIVE YEARS AGO *

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

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From some editorial notes:

State Journals.—The present is an exceedingly interesting period in medical development in this country. The last three or four generations of the last century saw the growth of many medical schools and the output of many physicians. . . . A few years ago it was estimated that about half the physicians in this county made no effort to keep up with medical progress by reading current medical literature. But all this is changing. . . . The privately owned and "published-for-profit" medical journal and the nostrum maker appeal not to the intelligent, but to the ignorant, and they, too, are afflicted with the same illness which is causing the timely death of the "diploma mill." All over the country medical organizations are awaking to the fact that it is highly desirable to own and control their own medical publications, and thus have a medium for intercommunication and for publishing the truth. . . . The day of the uneducated physician is gone, and the day of nostrum-supported and "published-for-profit" medical journals is almost at its end. . . .

Curious Conditions.—The present stirring up in the nostrum business is resulting in some very curious situations. The *Ladies' Home Journal* has published a bill, ideal in its construction, requiring the formula to be printed on the label of all packages of medicine containing alcohol or habit-forming drugs, and the bill has been introduced into the legislatures of several states. . . .

Dangerous Prescriptions.—Every physician must realize the danger of forming morphin or cocain habit by frequent and unauthorized refilling of a prescription calling for these drugs; every pharmacist knows the difficulty of preventing refilling without losing a customer. . . .

Weekly Meetings.— . . . When the general public comes to learn that county medical societies are not "medical trusts," but that they are the centers of medical education and that the result of the work done in the county society is a direct and important benefit to the public, we will find that many of the dissensions and altercations between physicians and laymen will cease. The general public suffers much more from the ignorance which almost invariably is to be found in a dormant or a quarreling medical profession than do the physicians themselves. . . . But these highly desirable results cannot be secured by a mere paper organization; the physicians of the county *must* get together frequently and *must work*.

How You Can Help.—We take pleasure in reprinting a paper read by Mr. Wilbert before the Philadelphia County Medical Society dealing in a peculiarly clear manner with the nostrum business. . . . "Dr. Alfred Stengel agreed with Doctor Cohen in the idea of withholding subscriptions or articles from journals advertising such nostrums as are excluded from the "Journal of the American Medical Association."

. . . Doctor Cabot suggested one other remedy (of the nostrum evil), namely: If the 200 or 300 physicians who are contributors of articles to the best medical journals would refuse to allow their papers to be printed in any journal which admits nostrums to its advertising pages, their influence might be decisive.

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.

From an article on "The Differentiation of the (So-Called) Seborrheic Conditions of the Scalp" by Ernest Dwight Chipman, M.D., San Francisco:

Dermatology has long suffered from the reproach of an atrocious nomenclature. Different schools recognize the same affection under different names and quarrel over different diseases bearing the same name. One school seeks to bring an entire group under a single title; another resents this generalization and attempts to give a name to every symptom.

From an article on "Indications and Contraindications for Intralaryngeal Operation in Tuberculosis of the Larynx, with Report of Three Cases" by Cullen F. Welty, M.D., San Francisco:

Because of the climate of southern California, a great many people with tuberculosis of the lungs make this their permanent home; others who are not so fortunate come to this climate during the time of the disagreeable weather at their own homes.

Because of this fact the laryngologists of this section have an exceptional opportunity of observing these cases of laryngeal tuberculosis, and it is for this reason that I present this paper at this particular place.

DEPARTMENT OF PUBLIC HEALTH

By GILES S. PORTER, M.D., Director

Rabies Reminders.—What to do with the dog and how to decide the question of the Pasteur treatment are subjects of great interest to one who has been bitten. The following are the recommendations of the State Department of Public Health:

1. All dog bites, particularly of the face, should be cauterized as soon as possible with fuming nitric acid, or, if this is not at hand, with ordinary strong nitric acid. If necessary, an anesthetic may be given for this operation, as the acid should be carried to the depths of the wounds with a pointed glass rod.

2. If the animal that did the biting is not definitely and certainly rabid or if it shows no symptoms at all, it should be confined instead of being killed, until the presence of rabies can be determined. If the dog remains well for ten days it did not have rabies at the time of biting.

3. The reason for this detention is to enable the person bitten to have the benefit of the information obtained. If detention shows the dog *not* to have rabies, the person may then forego the treatment or discontinue it, if already begun.

4. The finding of Negri bodies may be a matter of importance to establish the presence of rabies in a territory not known to harbor the infection, but in most cases it is of academic interest only. The decision as to treatment should have been made before, except, of course, when the dog shows no symptoms, or symptoms not suspicious of rabies.

5. The inauguration of treatment should never wait upon the finding of Negri bodies when the dog shows symptoms that are suspicious of that disease.

6. The object of holding a dog for observation, then, is to settle the fact that it has *not* rabies, rather than to settle the fact that it has by laboratory test.

7. It is not true that a brain always shows Negri bodies when the rabid animal is allowed to die: under those circumstances, Negri bodies are usually found, but a negative report is not conclusive evidence against the diagnosis of rabies. Persons bitten by dogs, which by the symptoms are likely to have rabies, should take the Pasteur treatment even though the laboratory report is negative.

8. Death from rabies involves so much suffering that it should not be imposed needlessly on any animal, and any animal suffering from rabies should be put out of its misery at once and any person bitten put on the antirabic treatment without delay.

9. If an animal has been exposed to rabies by having been bitten by a rabid animal or has otherwise been exposed to the infection, the animal exposed should be held under observation for three months or killed.

Spotted Fever Vaccine Available.—The following information relative to the distribution of Rocky Mountain spotted fever vaccine has been received from the United States Public Health Service Laboratory at Hamilton, Montana:

It is advised that the supply of Rocky Mountain spotted fever vaccine for the season of 1931 will be available for distribution from this laboratory about February 1. As in previous years it will be forwarded directly to physicians on application. It has, however, in some instances been found advantageous that a small supply for quick distribution be in the hands of the state health officer, and we will be glad to make such an arrangement for your state if desired.

The amount of vaccine produced has been doubled each year for the past three seasons and it is expected that the production for 1931, if not double that for 1930, will at least be considerably in excess. However, since the actual amount which will be suitable for distribution will not be known for some time, it is impossible to predict the quality of the vaccine until the separately prepared lots are tested for potency.

It is hoped that it will be possible for you to communicate the following points concerning the use of the vaccine to the physicians of affected portions of your state:

1. Requests for vaccine should be addressed to the Officer in Charge, United States Public Health Service, Hamilton, Montana.

2. Each request for vaccine should specify either the number of persons to be vaccinated or the number of cubic centimeters needed on the basis of 4 cubic centimeters to the person.

3. Vaccine is furnished to physicians without charge and the charge for administration should be nominal.

4. The vaccine is very expensive to manufacture and amounts requested should be limited to use which can be foreseen.

5. Reports received at the Hamilton station suggest that if vaccine is administered soon after a bite by an infected tick a considerable amelioration of symptoms and shortening of the course of infection may result. Physicians will therefore be justified in recommending the taking of the vaccine by tick-bitten persons as soon as possible after the bite is received.

6. Therapeutic use of the vaccine after onset of symptoms is not recommended. In sections where the less fatal types of infection occur, some physicians have so used it, with supposed good results, but the difficulties which prevent certainty on this point can be readily understood. Results in the highly fatal Bitter Root Valley cases have suggested that in the more severe types of the disease its use may even be harmful.

7. It is especially requested that the officer in charge of the Hamilton laboratory be advised of any cases of spotted fever which may occur in vaccinated persons and that as detailed a clinical record as possible be kept of such cases.

Normal Posture.—The following is from a new publication, *Posture Training*, issued by the Bureau of Child Hygiene of the State Department of Public Health:

The normal posture may be measured by an imaginary yardstick, a straight line, which, in the correct standing position, should pass through the ear, the shoulder, the hip joints, just behind the knee cap, and slightly in front of the ankle joint. As we view the body from the back we may also use a straight line as a measuring stick. Vertically, this imaginary straight line should pass through the center of the back of the head, along the entire length of the spine, down between the crevice formed by the larger hip muscles, and directly between the knees and the ankle joints. Both hips, both knees, and both ankles should be equal distances from this center line. We should, also, be able to draw straight horizontal lines to measure the normal relationship of the shoulders and of the hips. This position should be one of ease, not one of strain and tenseness.

Accordingly, in the normal standing position we should find:

1. Feet slightly apart, inner arch held high, toes pointing straight ahead.
2. Weight slightly forward over the balls of the feet.
3. Knees firm but not tense, neither bowed nor knocked.
4. Hips firm—not protruding backward.
5. Both hip bones level.
6. The pelvis girdle, which is indicated by the hip bones, held up in front.
7. Lower abdomen flat.
8. Chest lifted, and that part of the body which is foremost.
9. Shoulders level and "easy" (not shrugged upward).
10. Head poised comfortably on top of spine so that eyes do not have to be lifted to look forward. Chin neither up nor in.